

Office of International Affairs

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## **Proposed Training Initiative Concept Outline**

Concept Submitted By (Full Name): Address:	
Phone Number: Email:	Fax Number:
1. Working Title of the Initiative:	
2. Brief Initiative Description:	
3. What specific need(s) would be met by this init	tiative?
4. Proposed Players, Place, and Timing:	
5. What resources (human, \$, informational, etc.) them?	already exist to support this initiative? Who will provide

6. What additional resources (human, \$, informational, etc.) are needed to support this initiative? How can they be obtained?	
7. What are the necessary steps for implementation?	
9. Additional Comments:	
Places submit this form to Elizabeth Poon NDS/OIA Dresidential Management Estless, during the second-law and	
Please submit this form to Elizabeth Roen, NPS/OIA Presidential Management Fellow, during the workshop or by emailing a copy to her afterwards at: <a href="mailto:Elizabeth_Rouen@partner.nps.gov">Elizabeth_Rouen@partner.nps.gov</a>	
THANK YOU!	

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